



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
DIVISION OF REGULATORY BOARDS
PRIVATE PROTECTIVE SERVICES
500 JAMES ROBERTSON PARKWAY, 2ND FLOOR
NASHVILLE, TENNESSEE 37243-1158
PHONE (615) 741-6382 FAX (615)-532-2965
www.state.tn.us/commerce/boards/pps

FOR OFFICIAL USE ONLY

File #

Xact #

CONTRACT SECURITY COMPANY APPLICATION

*Instructions: Please read this entire application carefully. Complete **all** sections and have notarized before returning with the appropriate application fee to the above address. Please note: **application fees are not refundable**. Submit additional information for any item on a separate sheet of paper.*

Type of Application: ☐ Initial Application ☐ Change of Qualifying Agent **ONLY**

1. General Information:

Company Name (the name under which your company will be certified)

Street Address (physical location)

Mailing Address (if different than physical location)

City

State

ZIP Code

Area Code and Telephone Number

FAX Number

Company E-MAIL Address (If Available)

a. Will you be doing business under any name other than what is listed above?

Yes ☐ No ☐

If yes, list the exact name under which you will be doing business.

Company Name (the exact name under which you will be doing business)

b. How many branch offices do you have in Tennessee at this time? _____

Attach an additional sheet of paper listing all branch offices. Include the name of the branch manager, physical and mailing address, phone number, fax number and E-mail address (If available) of the business.

c. How many employees do you have in service at this time? _____

2. Is the application for: _____ a single owner _____ a partnership _____ a corporation (Corp.)
_____ a limited liability company (LLC) _____ a limited partnership (LP) _____ a limited liability partnership (LLP)

If the applicant is not a single owner or a partnership, please provide the exact name that appears on the documentation that will be on file with the office of the Tennessee Secretary of State under which the applicant will be doing business.

Date qualified to do business in Tennessee _____

a. Is this company a Corporation, LLC, LP or LLP? Yes ☐ No ☐

If yes, provide the following information:

Legal Name of Corporation

Date & State of Incorporation

Mailing Address of Corporation Headquarters

City

State

ZIP Code

Area Code and Phone Number

FAX Number

E-mail Address (If available)

b. Corporate Officer Information: In accordance with Tennessee Code Annotated §62-35-105(a)(5), list below the principal officer(s). Please add additional sheets if necessary.

<p>1) _____</p> <p>Last First Middle Initial</p> <p>_____</p> <p>Social Security Number Office Held in the Corporation</p> <p>_____</p> <p>Business Address</p> <p>_____</p> <p>City State ZIP Code</p> <p>_____</p> <p>Business Phone# Fax#</p> <p>_____</p> <p>Residential Address</p> <p>_____</p> <p>City State ZIP Code</p> <p>_____</p> <p>Home Phone# E-mail Address(If Available)</p>	<p>2) _____</p> <p>Last First Middle Initial</p> <p>_____</p> <p>Social Security Number Office Held in the Corporation</p> <p>_____</p> <p>Business Address</p> <p>_____</p> <p>City State ZIP Code</p> <p>_____</p> <p>Business Phone# Fax#</p> <p>_____</p> <p>Residential Address</p> <p>_____</p> <p>City State ZIP Code</p> <p>_____</p> <p>Home Phone# E-mail Address(If Available)</p>
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3. Individual or partnership applying for licensure: If this is for a partnership, attach an additional sheet of paper with the required information for **EACH** partner.

Applicant's Last Name			First Name			Middle Name							
_____			_____			_____							
Residence Address			City		State		ZIP Code						
_____			_____		_____		_____						
Area Code and Telephone Number			FAX Number		E-MAIL Address (If Available)								
_____			_____		_____								
Social Security Number			Date of Birth		Place of Birth		Age	Sex	Race	Height	Weight	Hair	Eyes
_____			____/____/____		_____		____	____	____	____	____	____	____

Have you ever used a name or alias other than shown above? If so, please list on the line above

4. Qualifying Information:

- ☐ I(We) wish to apply for licensure on the basis of my(our) **EXPERIENCE**. Attached is all the necessary/required documentation to substantiate my(our) indicated experience. **Include a resume and written verification of management experience from previous employer(s).**
- ☐ I(We) wish to apply for licensure by taking the required **EXAMINATION**. I(We) understand I(we) must make the necessary arrangements with the testing agency and pay any applicable fees associated with the examination.

5. Credit References:

Provide three (3) credit references from lending institutions or business firms with whom a credit record has been established. These references must be original documents from the lending institution, must be in standard business letter form and must appear on the institution's letterhead.

(If filing as a Corporation, LLC, LP, or LLP provide these credit reference documents for the corporate entity (not the qualifying agent), if filing as a single owner provide these credit reference documents for the applicant, if filing as a partnership provide these credit reference documents for each partner.)

6. Criminal History Information:

Answer the following questions completely. Information you provide may not disqualify you for a license. However, all arrests or charges, regardless of disposition appear on record returns from the Tennessee Bureau of Investigation (TBI) and the Federal Bureau of Investigations (FBI). **If you answer to any of these questions, it will be necessary for you to provide certified documents of the court's final disposition, including suspended or deferred sentences, as well as, a written explanation of the events that surrounded the charges. If the court no longer has these records on file, you must obtain a letter from the judge or court clerk stating so.**

a. Have you ever been arrested in Tennessee or any other state? Yes ___ No ___

If yes, what state(s)? _____

b. Were you transported to or surrendered at a police station, sheriff's office or other law enforcement facility? Yes ___ No ___

c. Once there, were you fingerprinted, photographed and booked into jail? Yes ___ No ___

d. Were misdemeanor or felony charges filed against you? Yes ___ No ___

If yes, please list the charges below. Attach a separate sheet of paper, if necessary.

Date	Charge	City	State
------	--------	------	-------

Date	Charge	City	State
------	--------	------	-------

e. Did you appear before the court and enter a plea of guilty, not guilty or no contest? Yes ___ No ___

f. Did the court find you guilty or not guilty? Yes ___ No ___

g. If you were found guilty, what was the sentence of the court? (Indicate the fine, time in the county jail or penitentiary, deferred sentence, suspended sentence, or period of probation. List the sentence below.)

Date	Charge	Sentence	Probation Completed Date
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Date	Charge	Sentence	Probation Completed Date
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h. Are you currently on a deferred sentence or on probation? Yes ___ No ___

i. Did the court dismiss the charges against you? Yes ___ No ___

j. Were those charges against you expunged from your record by the court? Yes ___ No ___

If yes, you must provide a copy of the expungement order.

k. Do you currently have charges pending against you? Yes ___ No ___

If yes, please provide the information requested below, along with an explanation of the circumstances surrounding the charge(s). You are required to provide this office with certified court documents showing the disposition of these charges within thirty (30) days of these charges being resolved by conviction or dismissal. Attach a separate sheet if necessary.

Date of Arrest	Charge	Court of jurisdiction (City, State)	Arraignment/Court Date
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Date of Arrest	Charge	Court of jurisdiction (City, State)	Arraignment/Court Date
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Date of Arrest	Charge	Court of jurisdiction (City, State)	Arraignment/Court Date
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7. Have you ever been declared incompetent by reason of mental defect or disease? Yes ___ No ___

8. Are you currently suffering from habitual drunkenness or any narcotic addiction? Yes ___ No ___

9. Are you a United States Citizen? Yes ___ No ___

If not, attach documentation establishing your legal alien status.

10. Have you ever served in Military Service? Yes ___ No ___

a. If yes, what branch? _____

b. Are you presently serving in Military Service? Yes ___ No ___

c. If you have been discharged from Military Service, what type of discharge did you receive?

___ Honorable ___ Dishonorable ___ Medical ___ Other (Please Explain)

11. Have you read the Tennessee statute pertaining to Private Protective Services and the corresponding Administrative Rules and do you understand your responsibilities? Yes ___ No ___

12. I HAVE ENCLOSED:

- ☐ **Documents Verifying Experience:** In accordance with Tennessee Code Annotated §62-35-106(6), if you wish to qualify for licensure based on experience, attach qualifying documentation of at least three (3) years of supervisory experience with a contract security company, proprietary security organization, federal, United States military, state, county or municipal law enforcement agency.
- ☐ **Proof of General Liability Insurance:** In accordance with Tennessee Code Annotated §62-35-114, attach a current Certificate of Insurance as evidence of coverage of a general liability policy meeting at least the minimum requirements.
- ☐ **The Required Application and Fingerprint Fees:** In accordance with Private Protective Services Administrative Rule 0780-5-2-.23(1), you must include all applicable fees required for the processing of your application.
- ☐ **The credit reference documents in response to question 5 on the application.**

NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned applicant, do hereby authorize the *Tennessee Department of Commerce and Insurance, Division of Regulatory Boards, Private Protective Services* to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of certification, licensure or registration by this agency for the purpose of investigating my credit references, and any workplace misconduct or criminal activity for which I am alleged to have been involved in.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications, personal references, personal interviews, my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the Tennessee Department of Commerce and Insurance, including but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency complied the information itself or received it from other sources.

{Partnership applicants must submit a separate signature page/release form for all partners}

I understand that any false statement(s) and/or misrepresentations(s) given by me on this application or on any attachments will be punishable under Tennessee Code Annotated § 62-35. Therefore, I certify that all answers, statements, and information given herein and on any attachments, are true and correct to the best of my knowledge and belief.

Signature of Applicant

Notarization of signature(s):

SWORN AND SUBSCRIBED TO, BEFORE ME THIS _____ DAY OF _____, _____.

(Signature of Notary Public)

[NOTARY SEAL]

MY COMMISSION EXPIRES



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CONTRACT SECURITY COMPANY - APPLICATION INSTRUCTIONS

REMOVE THIS PAGE BEFORE YOU SUBMIT YOUR APPLICATION - RETAIN THIS INFORMATION FOR YOUR RECORDS

READ ALL INSTRUCTIONS CAREFULLY!

Date Application Mailed/Submitted to the State: _____

FEES

Submitted w/Application

License Fee

Company employing 0-49 security guards	\$300.00	\$125.00
Company employing 50+ security guards	\$300.00	\$425.00
Fingerprint Processing Fees (\$24.00 - TBI, \$24.00 - FBI)	\$48.00	

-You may not begin work as a Contract Security Company until your Contract Security Company license has been issued. You may not work in any position requiring licensure by this office if this application is **CLOSED** or **DENIED** for any reason.

-Before proceeding, read the enclosed copy of the Tennessee Private Protective Services Law and Administrative Rules. It is your responsibility to know and understand the laws and rules regulating contract security companies in the State of Tennessee. Prior to issuance of a license, an insurance certificate in compliance with **T.C.A. §62-35-114** must be submitted to this office.

-Average processing time for this application is 2-4 months. Allow 3 months for the processing of your fingerprints by the TBI and FBI, plus one (1) month for in-house processing of your application. **IF YOU FAIL TO RESPOND TO ANY CORRESPONDENCE FROM THIS OFFICE, YOUR APPLICATION WILL BE CLOSED OR DENIED. READ AND COMPLETE EACH PORTION OF THIS APPLICATION CAREFULLY.**

Applicants for contract security company license must be at least twenty-one (21) years of age.

AN APPLICANT FOR CONTRACT SECURITY COMPANY LICENSE MUST SUBMIT:

- An application completed in its entirety. The application shall be subscribed and sworn to by the applicant (if the applicant is an individual), by each partner (if the applicant is a partnership), or by the qualifying agent (if the applicant is a corporation) before a duly appointed Notary Public.
- The application fee of \$300.00 and the fingerprint fee of \$48.00 is non-refundable and must be submitted with the application. The application will not be processed without the required application & fingerprint fees.
- Three (3) sets of classifiable fingerprints on fingerprint cards provided by this office, for each individual applying for licensure. Prints must be rolled nail to nail by a qualified, trained technician on the card provided by this office. The cards must be completed fully and signed. All questions in the blocks at the top of the card must be answered. Enter N/A if the question does not apply to you.
- If you intend to qualify through experience, you must provide the appropriate supporting documentation showing said experience, as set forth in **T.C.A. § 65-32-106(6)(A or B)**. **A RESUME IS NOT CONSIDERED PROOF OF EXPERIENCE.**
- If your experience is insufficient or you do not supplement the information with adequate supportive documentation, **you will be required to take the prescribed examination**. You must make your own arrangements to take the examination. Examination information was included with your application packet.
- **Provide three (3) credit references from lending institutions or business firms with whom a credit record has been established. These references must be original documents from the lending institution, must be in standard business letter form, and must appear on the institution's letterhead.**
- If applying as a partnership, **each partner** must provide the required information listed above, with this application.
- If applying as a corporation, the above information must be accompanied with the following:
 - The correct legal name of the corporation, the address of the corporate headquarters, if located outside this state;
 - State and date of incorporation;
 - Documentation from the Tennessee Secretary of State's Office showing the corporation is qualified to do business in this state;
 - The names of the principal corporate officers, and the business address, residence address and the office held by each in the corporation.

You should keep a photocopy of this application for your own files, before submitting the application to this office.